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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Title of Invention

Document and Message Exchange System for ASP Model

Named Inventor(s)

Dushan G. Monchilovich, Joshua D. Burt, Daniel T. Fossi, Dwayne Allen Emerick, Matthew E. Wheeler

Attorney Docket

06763.105001

Express Mail Label No.

EF045151155US

JC14633781
10/20/00

APPLICATION ELEMENTS		Assistant Commissioner of Patents ADDRESS TO: Box Patent Application Washington, D.C. 20231
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification, Claims, and Abstract Total Pages 31</p> <p>3. <input checked="" type="checkbox"/> Drawings Total Sheets 15</p> <p>4. Oath or Declaration Total Pages 5</p> <p>a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p>b. <input type="checkbox"/> Copy from prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed)</p> <p>[Note Box 5 Below]</p> <p>(i) <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</p> <p>5. <input type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.</p> <p>6. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p>a. <input type="checkbox"/> Computer Readable Copy</p> <p>b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p>c. <input type="checkbox"/> Statement verifying identity of above copies</p>		ACCOMPANYING APPLICATION PARTS
		<p>8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</p> <p>9. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)</p> <p>10. <input type="checkbox"/> Power of Attorney by assignee</p> <p>11. <input type="checkbox"/> English Translation Document (if applicable)</p> <p>12. <input type="checkbox"/> Information Disclosure Statement (IDS) PTO-1449</p> <p>13. <input checked="" type="checkbox"/> Copies of IDS Citations</p> <p>14. <input type="checkbox"/> Preliminary Amendment</p> <p>15. <input type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)</p> <p>16. <input checked="" type="checkbox"/> Small Entity Statement(s)</p> <p>17. <input type="checkbox"/> Statement filed in prior application Status still proper and desired</p> <p>18. <input type="checkbox"/> Certified Copy of Priority Document(s)</p> <p>19. <input checked="" type="checkbox"/> Other: checks \$490, \$40</p> <hr/> <hr/>
<p>17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No:</p> <p>18. CORRESPONDENCE ADDRESS:</p> <p>Charles Vorndran, Esq. KING & SPALDING 45th Floor 191 Peachtree Street, N.E. Atlanta, Georgia 30303</p> <p>By: <u>Charles Vorndran</u> Reg. No. 45,315 Date: October 20, 2000 Telephone: 404.572.4600 Facsimile: 404.572.5145</p>		

FEE TRANSMITTAL

Attorney Docket No. 06763.105001

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): **Dushan G. Monchilovich et al.**
Filing Date: **October 20, 2000**
Title: **Document and Message Exchange System for ASP Model**

The filing fee is calculated as shown below:

1. FILING FEE:

FOR:	SMALL ENTITY	LARGE ENTITY
FEE	FEE PAID	FEE
FEE PAID		
<input checked="" type="checkbox"/> UTILITY FILING FEE	\$355	\$355
<input type="checkbox"/> DESIGN FILING FEE	\$160	\$320
<input type="checkbox"/> PLANT FILING FEE	\$245	\$490
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SUBTOTAL (1)	\$355	\$xxx

2. CLAIMS:

FOR:	NO. FILED	NO. EXTRA	RATE	FEES	RATE	FEES
TOTAL CLAIMS	18 - 20 =	0	x 9 =	\$0	x 18 =	
INDEP. CLAIMS	3 - 3 =	0	x 40 =	\$0	x 80 =	
<input checked="" type="checkbox"/> MULTIPLE DEPENDENT CLAIM PRESENTED			+135 =	\$135	+270 =	
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FEE PAID		
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Charge any additional fees required under 37 C.F.R. 1.16 or 1.17 to Deposit Account 11-0980.

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Date: October 20, 2000